Pilot Program Quarterly Data Report of the Rural Nebraska Healthcare Network

1. Project Contact and Coordination Information

a. Identify the project leader(s) and respective business affiliations.

Todd Sorensen, President, Rural Nebraska Healthcare Network CEO, Regional West Medical Center

b. Provide a complete address for postal delivery and the telephone, fax, and e-mail address for the responsible administrative official.

Boni Carrell Executive Director Rural Nebraska Healthcare Network 4021 Avenue B Scottsbluff, NE 60361 (308) 630-1723 carrelb@rwmc.net

c. Identify the organization that is legally and financially responsible for the conduct of activities supported by the award.

Rural Nebraska Healthcare Network (RNHN) 4021 Avenue B Scottsbluff, NE 69361

d. Explain how project is being coordinated throughout the state or region.

The RNHN is a non-profit membership organization of nine non-profit hospitals in the Panhandle of Nebraska. A board of Directors that includes the Chief Executive Officer of each member hospital governs the RNHN. The RNHN is coordinated by a Director with the President of the RNHN presiding at all meetings and supervising the affairs of the RNHN with the support of a Secretary and Treasurer.

The project is being coordinated through the office of Boni Carrell, Executive Director of the RNHN. Beginning in early December 2007 the office has fielded multiple contacts from telecom providers and consultants regarding the project. The interests included managing the project, designing the network, and providing access to existing infrastructure and services. In March 2008 Todd Sorensen, President of

the Network advised the Nebraska Public Service Commission of the project.

2. Identify all health care facilities included in the network.

Rural Nebraska Healthcare Network Member Hospitals and Affiliated Clinics, FCC Rural Health Care Pilot Program	Phone	Census Tract	Prim. RUCA	Sec. RUCA	County	Ownership: public, private, city, county	Not for Profit	Eligible Health Care Facility Section 254 1996 Act
Box Butte General Hospital, 2101 Box Butte Ave, Alliance, NE 69301	(308) 762-6660	9512	7	7.0	Box Butte	County	×	NE Licensed Hospital
Hemingford Clinic, 812 Laramie Ave., Hemingford, NE, 69348		9511	10	10.3	Box Butte	Provider Based RHC	×	CMS Certified RHC
Cow Country Health Clinic, 111 Main St, Hyannis, NE 69350		9563	10	10.0	Grant	Provider Based RHC	×	CMS Certified RHC
Sandhills Family Center, 2107 Box Butte Ave., Alliance, NE 69301		9512	7	7.0	Box Butte	Provider Based RHC	×	Rural Health Clinic
Chadron Community Hospital, 821 Morehead Street, Chadron, NE 69337	(308) 432-5586	9507	7	7.0	Dawes	Private	×	NE Licensed Hospital
Legend Buttes Health Services, 11 Paddock Street, Crawford, NE 69339		9206	10	10.0	Dawes	Provider Based RHC	×	CMS Certified RHC
Hay Springs Medical Clinic, 232 N Main St Hay Springs, NE 69347		9517	10	7.0	Sheridan	Provider Based RHC	×	Title X Federal recipient
Western Community Health Resources, 739 Morehead Street, Chadron, NE 69337		9507	7	7.0	Dawes	Provider Based RHC	×	Title X Federal recipient
Western Community Health Resources, 619 Box Butte Ave. Alliance, NE 69301		9513	7	10.6	Box Butte	Provider Based RHC	×	Title X Federal recipient
Western Community Health Resources, 11 Paddock Street, Crawford, NE 69339		9206	10	10.0	Dawes	Provider Based RHC	×	Title X Federal recipient
Western Community Health Resources, 206 Loofborrow Street, Rushville, NE 69360		9517	10	7.0	Sheridan	Provider Based RHC	×	Title X Federal recipient
Western Community Health Resources, 106 North Main, Gordon, NE 60343		9516	10	7.0	Sheridan	Provider Based RHC	×	Title X Federal recipient
Western Community Health Resources, Native American Ctr. 502 W. 2nd, Chadron, NE 69337		9507	7	10.6	Dawes	Provider Based RHC	×	Title X Federal recipient
Prairie Pines Clinic, 900 West 7th St., Chadron, NE 69337		9507	7	10.0	Dawes	Provider Based RHC	×	Title X Federal recipient
Family Planning Clinic, 848 Morehead Street, Chadron, NE 69337		9507	7	10.0	Dawes	Provider Based RHC	×	Title X Federal recipient
Garden County Hospital, 1100 West 2nd, Oshkosh NE 69154	(308) 772-3283	9521	10	7.0	Garden	County	×	NE Licensed Hospital
Garden County Rural Health Clinic,1100 West 2nd, Oshkosh, NE 69154		9521	10	7.0	Garden	Rural Health Clinic	×	CMS Certified RHC
Ash Hollow RHC Lewellen			10	7.0	Garden	Rural Health Clinic	×	CMS Certified RHC
Gordon Memorial Hospital, 300 E 8th Street, Gordon, NE 69343	(308) 282-0401	9516	10	10.0	Sheridan	District	×	NE Licensed Hospital
Gordon Clinic, 807 North Ash St., Gordon, NE 69343		9516	10	10.0	Sheridan	Rural Health Clinic	×	CMS Certified RHC
Rushville Clinic, 308 West 3rd St., Rushville, NE 69360		9517	10	10.0	Sheridan	Rural Health Clinic	×	CMS Certified RHC
Kimball Health Services, 505 S. Burg St., Kimball, NE 69154	(308) 235-1952	9545	7	7.0	Kimball	County	×	NE Licensed Hospital
Kimball Health Services Clinic, 505 S. Burg St., Kimball, NE 69154		9545	7	7.0	Kimball	Provider Based RHC	×	CMS Certified RHC
Memorial Health Center, 645 Osage St., Sidney, NE 69162	(308) 254-5825	9550	7	7.0	Cheyenne	Private	×	NE Licensed Hospital
Sidney Medical Associates, 1625 Dorwart Dr., Sidney, NE, 69162		9550	7	7.0	Cheyenne	Rural Health Clinic	×	CMS Certified RHC
Memorial Health Center Surgical Care and Outpatient Clinic, 645 Osage St., Sidney, NE 69162		9550	7	7.0	Cheyenne	Private	×	Department of Hospital
Chappell Medical Clinic, 562 Vincent Ave., Chappell, NE 69129		9554	10	10.0	Cheyenne	Rural Health Clinic	×	CMS Certified RHC
Morrill County Community Hospital, 1313 S Street, Bridgeport, NE 69336	(308) 262-1616	9525	10	10.5	Morrill	County	×	NE Licensed Hospital
Morrill County Hospital Clinic, 1320 S St., Bridgeport, NE 69336		9525	10	10.0	Morrill	Provider Based RHC	×	CMS Certified RHC
Chimney Rock Medical Center, 320 Main St., Bayard, NE 69334		9525	10	10.0	Morrill	Provider Based RHC	×	CMS Certified RHC
Morrill County Family Resource Center, 1320 S St., Bridgeport, NE 69336		9525	10	10.0	Morrill	Migrant Health	×	Satellite of FQHC
Perkins County Health Services, PO Box 26 Grant, NE 69140	(308) 352-7200	9593	10	10.0	Perkins	District	×	NE Licensed Hospital
Grant Medical Clinic, 912 Central Avenue, Grant, NE 69140		9593	10	10.0	Perkins	Rural Health Clinic	×	CMS Certified RHC
Regional West Medical Center, 4021 Ave B, Scottsbluff, NE 69361	(308) 630-1723	9534	4	4.0	Scotts Bluff	Private	×	NE Licensed Hospital
Regional West Physicians Clinic, 2 West 42nd Street, Scottsbluff, NE 69361		9534	4	4.0	Scotts Bluff	Private	×	IRS 501c3
Regional West Physicians Clinic, 1456 Center Ave., Mitchell, NE 69357		9530	2	5.0	Scotts Bluff	Rural Health Clinic	×	CMS Certified RHC
Regional West Physicians Clinic, 302 Center Ave., Morrill, NE, 69358		9531	10	10.2	Scotts Bluff	Rural Health Clinic	×	CMS Certified RHC
Regional West Physicians Clinic 1275 Sage Street, Gering, NE, 69341		9538	4	4.0	Scotts Bluff	Private	×	IRS 501c3

- 3. Network Narrative: In the first quarterly report following the completion of the competitive bidding process and the selection of vendors, the selected participant must submit an updated technical description of the communications network that it intends to implement, which takes into account the results of its network design studies and negotiations with its vendors. This technical description should provide, where applicable:
- a. Brief description of the backbone network of the dedicated health care network, e.g., MPLS network, carrier-provided VPN, a SONET ring;
- b. Explanation of how health care provider sites will connect to (or access) the network, including the access technologies/services and transmission speeds;
- c. Explanation of how and where the network will connect to a national backbone such as NLR or Internet 2;
- d. Number of miles of fiber construction, and whether the fiber is buried or aerial;

Special systems or services for network management or maintenance (if applicable) and where such systems reside or are based.

There is no narrative to report at this time because the competitive bidding process has not yet been completed and vendors have not yet been selected.

- 4. List of Connected Health Care Providers: Provide information below for all eligible and non-eligible health care provider sites that, as of the close of the most recent reporting period, are connected to the network and operational.
 - a. Health care provider site;
 - b. Eligible provider (Yes/No);
 - c. Type of network connection (e.g., fiber, copper, wireless);
- d. How connection is provided (e.g., carrier-provided service; self-constructed; leased facility);
- e. Service and/or speed of connection (e.g., DS1, DS3, DSL, OC3, Metro Ethernet (10 Mbps);
 - f. Gateway to NLR, Internet2, or the Public Internet (Yes/No);
 - g. Site Equipment (e.g., router, switch, SONET ADM, WDM) including manufacturer name and model number.
 - h. Provide a logical diagram or map of the network.

Because the network has not yet been built, there were no eligible or non-eligible health care provider sites, that, as of the close of the most recent reporting period, are connected to the network and operational.

- 5. Identify the following non-recurring and recurring costs,⁴²¹ where applicable shown both as budgeted and actually incurred for the applicable quarter and funding year to-date.
 - a. Network Design
 - b. Network Equipment, including engineering and installation
 - c. Infrastructure Deployment/Outside Plant
 - d. Engineering

- e. Construction
- f. Internet2, NLR, or Public Internet Connection
- g. Leased Facilities or Tariffed Services
- h. Network Management, Maintenance, and Operation Costs (not captured elsewhere)
- i. Other Non-Recurring and Recurring Costs

At this point in time, there are no budgeted or actually incurred non-recurring and recurring costs because the competitive bidding process has not yet begun and no vendors have been selected.

- 6. Describe how costs have been apportioned and the sources of the funds to pay them:
- a. Explain how costs are identified, allocated among, and apportioned to both eligible and ineligible network participants.
 - b. Describe the source of funds from:
 - i. Eligible Pilot Program network participants
 - ii. Ineligible Pilot Program network participants
- c. Show contributions for all other sources (e.g., local, state, and federal sources, and other grants).
- i. Identify source of financial support and anticipated revenues that is paying for costs not covered by the fund and by Pilot Program participants.
- ii. Identify the respective amounts and remaining time for such assistance.
- d. Explain how the selected participant's minimum 15 percent contribution is helping to achieve both the selected participant's identified goals and objectives and the overarching goals of the Pilot Program.

Costs have not yet been apportioned because costs have not yet been incurred.

7. Identify any technical or non-technical requirements or procedures necessary for ineligible entities to connect to the participant's network.

Technical or non-technical requirements or procedures have not yet been developed.

- 8. Provide an update on the project management plan, detailing:
- a. The project's current leadership and management structure and any changes to the management structure since the last data report; and

The following is the project's current leadership and management structure:

Project leader Todd Sorensen, President, Rural Nebraska Healthcare

Network

Assistant project leader – Boni Carrell, Director, Rural Nebraska Healthcare

Network

Counsel Randy Lowe, Davis Wright Tremaine LLP

b. In the first quarterly report, the selected applicant should provide a detailed project plan and schedule. The schedule must provide a list of project deliverables or tasks, and their anticipated completion dates. Among the deliverables, participants must indicate the dates when care provider site is expected to be connected to the each health network and operational. Subsequent quarterly reports should identify which project deliverables. scheduled for the previous quarter, were met, and which were not met. In the event a project deliverable is not achieved, or the work and deliverables deviate from the work plan, the selected participant must provide an explanation.

The project plan and schedule are currently under consideration.

9. Provide detail on whether network is or will become self sustaining. Selected participants should provide an explanation of how network is self sustaining.

The detail on whether the network is or will become self sustaining is currently under consideration.

- 10. Provide detail on how the supported network has advanced telemedicine benefits:
 - a. Explain how the supported network has achieved the goals and objectives outlined in selected participant's Pilot Program application;
 - b. Explain how the supported network has brought the benefits of innovative telehealth and, in particular, telemedicine services to those areas of the country where the need for those benefits is most acute;
 - c. Explain how the supported network has allowed patients access to critically needed medical specialists in a variety of practices without leaving their homes or communities;
 - d. Explain how the supported network has allowed health care providers access to government research institutions, and/or academic, public, and private health care institutions that are repositories of medical expertise and information;
 - e. Explain how the supported network has allowed health care professional to monitor critically ill patients at multiple locations around the clock, provide access to advanced application in continuing education and research, and/or enhanced the health care community's ability to provide a rapid and coordinated response in the event of a national crisis.

The network has not yet been built so there are no advanced telemedicine benefits to report at this time.

- 11. Provide detail on how the supported network has complied with HHS health IT initiatives:
 - a. Explain how the supported network has used health IT systems and products that meet interoperability standards recognized by the HHS Secretary;

- b. Explain how the supported network has used health IT products certified by the Certification Commission for Healthcare Information Technology.
- c. Explain how the supported network has supported the Nationwide Health Information Network (NHIN) architecture by coordinating activities with organizations performing NHIN trial implementations;
- d. Explain how the supported network has used resources available at HHS's Agency for Information Technology;
- e. Explain how the selected participant has educated themselves concerning the Pandemic and All Hazards Preparedness Act and coordinated with the HHS Assistant Secretary for Public Response as a resource for telehealth inventory and for the implementation of other preparedness and response initiatives; and
- f. Explain how the supported network has used resources available through HHS's Centers for Disease Control and Prevention (CDC) Public Health Information Network (PHIN) to facilitate interoperability with public health and emergency organizations.

The network has not yet been built so there is no such compliance to report at this time.

12. Explain how the selected participants coordinated in the use of their health care networks with the Department of Health and Human Services (HHS) and, in particular, with its Centers for Disease Control and Prevention (CDC) in instances of national, regional, or local public health emergencies (e.g., pandemics, bioterrorism). In such instances, where feasible, explain how selected participants provided access to their supported networks to HHS, including CDC, and other public health officials.

The network has not yet been built so there is no such coordinated use or access to report at this time.